



## AUTO WRECKER INFORMATION SHEET

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 EMAIL: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)

**DEFINITION:** An auto wrecker licensee shall buy motor vehicles for purposes of dismantling or disassembling vehicles for the purpose of dealing in the parts thereof.

**LICENSE PERIOD:** Bi-Annual, May 1<sup>st</sup> thru April 30<sup>th</sup>, odd numbered years.

### **APPLICATION:**

Apply at City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202, telephone (414) 286-2238.

### **FEE:**

The \$250.00 license fee for the main yard, \$35.00 for each additional yard, **must be submitted with application**. Checks made payable to the City of Milwaukee.

### **SIGNATURES:**

Signature of the individual, all partners, the agent, president, and secretary of the corporation, or all members of a LLC are required.

### **STORAGE YARDS:**

A separate application must be completed for each additional storage yard. If you require additional applications, please call our office at (414) 286-2238.

### **REQUIREMENTS:**

A permit must be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1<sup>st</sup> floor, (414) 286-8211.

Contact the State Office Building, 819 N. 6<sup>th</sup> St., Room 408, (414) 227-4444 to determine if a seller's permit is needed.

### **FINGERPRINTS:**

All applicants (including partners, all corporate officers, members, agent, directors, manager, and stockholders owning 20% or more of the stock of the corporation) whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to the Police Administration Building, 951 N. James Lovell St. (7<sup>th</sup> St), Room 305) to be fingerprinted. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

ORDINANCES GOVERNING AUTO WRECKERS ARE LOCATED IN SECTION 93  
OF THE MILWAUKEE CODE AND MAY BE VIEWED ONLINE <http://www.ci.mil.wi.us/ctygov/council/isysintro.htm>  
or purchased from the Legislative Reference Bureau in City Hall, Room B-11.



**City  
of  
Milwaukee**

## **AUTO WRECKER LICENSE APPLICATION**

ccl-108b (06/04)

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, & D)  
☐ Corporation or LLC (Fill out Section B, C, & D)

<b>Section A</b>	<b>INDIVIDUAL OR PARTNERSHIP:</b> Full Name (Last, First & Middle Initial)		Partner #2 Full Name (Last, First & Middle Initial)
	Home Street Address:		Home Street Address:
	Home City, State, Zip Code:		Home City, State, Zip Code:
	Home Phone Number: (    )    -		Home Phone Number: (    )    -
	Date of Birth:		Date of Birth:
<b>Section B</b>	Business Name:		Business Phone Number:(    )    -
	Business Address (include City, State, Zip Code):		
	Hours of Operation:		
	List Plans of Operation:		
	Do you have a storage yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit a separate application for each yard.		
<b>Section C</b>	Do you buy, sell, exchange or deal in used or secondhand bicycles, bicycle parts, tires or batteries, either retail or wholesale? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, describe:		
	<b>Full Name of corporation or limited liability company:</b>		
	<b>State of Incorporation:</b>		
	<i>Agent:</i>		
	Full Name (Last, First & Middle Initial):		Home Address (include City, State & Zip Code):
	Home Phone Number: (    )    -		Date of Birth:
	<i>President/Member</i>		<i>Vice President/Member</i>
	Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):
	Home Street Address:		Home Street Address:
	Home City, State, Zip Code:		Home City, State, Zip Code:
Home Phone Number: (    )    -		Home Phone Number: (    )    -	
Date of Birth:		Date of Birth:	

**OVER**

<b>Section C Cont.</b>	<i>Secretary/Member</i>	<i>Treasurer/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: (     )     -	Home Phone Number: (     )     -
	Date of Birth:	Date of Birth:
<b>Section D</b>	<p>Have anyone named on this application ever been convicted of violating any federal or state laws, or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date, charge and penalty:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
	<p>The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.</p> <p><b>I have knowledge of the City Ordinances currently regulating the license applied for herein, and all statements made in the foregoing application are true and correct.</b></p> <p style="text-align: right;">_____ (Individual/Agent of Corporation or LLC/Partner)</p> <p style="text-align: right;">_____ (President of Corporation/Member of LLC/Partner)</p> <p style="text-align: right;">_____ (Secretary of Corporation/Add'l Member/Partners)</p>	

**Office Use Only:**

Initials: \_\_\_\_\_ Filed: \_\_\_\_\_ AD: \_\_\_\_\_ License #: \_\_\_\_\_ Granted: \_\_\_\_\_